

# **Exhibit 17**



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

December 7, 1995

COPY

Mr. Kenneth Cotton  
USMLE Secretariat  
3750 Market Street  
Philadelphia, PA 19104-3190

Re: Dr. Igberase Oluwafemi Charles  
USMLE/ECFMG Identification No.  
0-482-700-2

Dear Mr. Cotton:

On November 27, 1995, the ECFMG Committee on Medical Education Credentials reviewed the matter with respect to Dr. Charles's admission that he falsified an application form submitted to ECFMG in order to retake an examination he had already taken and passed.

Dr. Charles initially submitted an application form to ECFMG in April 1992 in order to take the July 1992 FMGEMS and the ECFMG English test. At that time, he used the name "Oluwafemi Charles Igberase" and certified that his date of birth was April 17, 1962. He was assigned identification number 0-482-700-2.

In addition to FMGEMS, and also using identification number 0-482-700-2, Dr. Charles applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

The applicant met the medical science, English test and medical education credential requirements for ECFMG Certification and was issued Standard ECFMG Certificate No. 0-482-700-2 in October 1993.

In March 1994, Dr. Charles again submitted an application form to ECFMG, applying for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test. However, on the application, he responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." He also stated his name as "Igberase Oluwafemi Charles" and date of birth as April 17, 1961.

Since the name on the application was altered and the year of birth changed, ECFMG's search of its database at that time did not show that he had previously applied and been assigned an ECFMG Identification number. He was then assigned number 0-

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519-573-0. He took and passed the August 1994 Step 2 and the September 1994 ECFMG English test and September 1994 Step 1. His medical education credentials were again verified with his medical school and he was issued Standard ECFMG Certificate 0-519-573-0.

When he applied to ECFMG, Dr. Charles certified on his application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which he certified he had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." The applicant, however, took and passed Step 1 in September 1993 and, due to the falsified application form, took it again in September 1994.

After this matter was discovered by ECFMG, on June 22, 1995, ECFMG wrote to Dr. Charles to request an explanation for his actions. In response, he sent ECFMG a letter, dated July 14, 1995, in which he stated he wished to retake the examinations in order to improve his scores and be more competitive in his applications for residency programs. Consequently, he "lied" but, he states, did not deliberately change his date of birth and that he thought the date given initially had been the incorrect one in his school files. In addition, depending on the documents he has, the order of his names varies.

The examinations, dates and scores for examinations taken are as follows:

**ECFMG #0-482-700-2**

**ECFMG #0-519-573-0**

DATE	EXAM	SCORE	DATE	EXAM	SCORE
July 1992	Day 1 FMGEMS	69 (Fail)			
	Day 2 FMGEMS	72 (Fail)			
	English test	Pass			
Sept. 1992	Step 1	70 (Fail)			
Jan. 1993	Day 1 FMGEMS	74 (Fail)			
	Day 2 FMGEMS	75 (Pass)			
	English test	Pass			
July 1993	Day 1 FMGEMS	76 (Pass)			
Sept. 1993	Step 1	76 (Pass)			
			Aug. 1994	Step 2	76 (Pass)
			Sept. 1994	Step 1	78 (Pass)
			Sept. 1994	English test	Pass

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After its review at the November 27, 1995 meeting, the ECFMG Committee on Medical Education Credentials took the following actions:

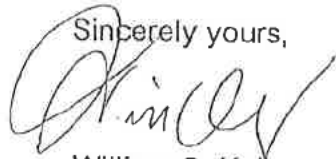
- Invalidate the Standard ECFMG Certificate issued to Dr. Charles under the second identification number 0-519-573-0;
- Inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
- Revoke the Standard ECFMG Certificate issued to Dr. Charles under the first identification number 0-482-700-2.

For information, I am enclosing copies of the following items:

1. Application to ECFMG received April 6, 1992.
2. Application to ECFMG received March 30, 1994.
3. ECFMG letter to Dr. Charles dated June 22, 1995.
4. Dr. Charles' July 14, 1995 letter to ECFMG.
5. ECFMG letter to Dr. Charles dated December 7, 1995.

Please inform Marie L. Shafron or me of the disposition of this matter. If you need additional information, please let me know.

Sincerely yours,



William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck  
Enclosures



PLEASE DO NOT DETACH

## Foreign Medical Graduate Examination in the Medical Sciences and the ECFMG English Test

## PART A

NOTE: All items on all sides of the application must be filled out completely for initial and repeat examinations or application will not be accepted.  
Use typewriter or block print in ink.

① EXAMINATION HISTORY:	Have you previously applied to take one or more of the examinations administered by ECFMG? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you have been assigned an ECFMG Applicant Number, enter the number in this box. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">482-700</span>	
② NAME: Print your name as you want it to appear on the Standard ECFMG Certificate	OLUWAFEMI CHARLES First Name Middle Name IGBERIASI Last Name (Surname) Full Maiden Name (For married women only)	
② If you have previously applied to ECFMG under another name, provide that name	Previous Name Please include a copy of the legal document that verifies this name change.	
③ ADDRESS: Use address to which admission permit and other notification from ECFMG should be sent	9701 EVENING PRIMROSE DRIVE Number/Street 2D Apartment Number Post Office Box Number LAUREL City MARYLAND State/Country- 20723 Zip or Postal Code	
④ SOCIAL SECURITY NUMBER:	If you have a United States Social Security Number, enter the number in this box. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5054</span>	
⑤ STATUS OF MEDICAL SCHOOL STUDENT: Must be completed by students	If you are applying for Day 1, will you have completed two years of medical school by the date of that examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are applying for Day 2, will you have completed or be within 12 months of completion of the formal didactic curriculum at your medical school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
⑥ EXAMINATION REGISTRATION: Check <input checked="" type="checkbox"/> box(es) to indicate the component(s) for which you are applying	Examination Date (Month/Year): <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">JULY 1992</span> <input checked="" type="checkbox"/> Basic Medical Science Component (Day 1) <input checked="" type="checkbox"/> Clinical Science Component and ECFMG English Test (Day 2) <input type="checkbox"/> ECFMG English Test (administered on second day only)	
⑥.1 EXAMINATION CENTER: See ECFMG Information Booklet for list of centers	If you do not indicate a second choice of center and the first choice is not available, ECFMG reserves the right to assign a center. Select two: 1st Choice <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">BALTIMORE</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">300</span> City Center No. 2nd Choice <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">WASHINGTON, DC</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">350</span> City Center No.	
⑦ EXAMINATION FEE(S): Enter the amount enclosed on the line provided	Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash. Basic Medical Science Component (Day 1 only) \$265 Clinical Science Component and ECFMG English Test (Day 2 only) \$265 Basic Medical Science Component, Clinical Science Component and ECFMG English Test (Day 1 and Day 2) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$425</span> ECFMG English Test only \$ 25 Enter amount enclosed \$	

E	CK
I	RA
P	RA

DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY

0	
B. Nil	

DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY

## PART B

8 SECONDARY SCHOOL COLLEGE/ UNIVERSITY:	Schools Attended	Location (exact address)	Dates Attended (month and year)	No. School Years
	IMMACULATE CONCEPTION COLLEGE	BENIN CITY NIGERIA	JUNE 1974 SEPT 1979	5

9 MEDICAL SCHOOL: Use precise name and list all schools attended 690-010	Schools Attended	Location (exact address)	Dates Attended (month and year)	No. School Years
	UNIVERSITY OF IBADAN COLLEGE OF MEDICINE	IBADAN NIGERIA	JUNE 1982 JUNE 1987	5

9.1 CLINICAL CLERKSHIPS: Refers to that period of medical education in the clinical disciplines during which as a medical student you gained practical experience in hospitals or clinics.  List clerkships (rotations, pre-graduate internships) for each clinical discipline.	Clinical Discipline	Hospital/Clinic	Location (exact address)	Supervising Physician	Dates of Clerkship
	MEDICINE	SPECIALIST HOSPITAL BENIN CITY NIGERIA		DR OJUKWA	MAR 1988 JUNE 1988
	SURGERY			MR IDIAKHIA	SEPT 1988 DEC 1988
	PAEDIATRICS			DR ASENOTA	DEC 1988 MAR 1989
	OBSTETRICS			DR ODEGBA	JUNE 1989 SEPT 1989
	GYNAECOLOGY				

If additional lines are necessary use the reverse side of Part C.

9.2 MEDICAL DEGREE: Conferred or Expected	Title of Degree	Date Conferred /Expected:
	MBBS	1987

10 MEDICAL LICENSURE: Present or Future	Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine:	Country or state in which you are licensed:
	YES	NIGERIA

11 HOSPITAL TRAINING: Residency or fellowship	Hospitals	Position(s)	Dates

11.1 EMPLOYMENT: Present employment only	Institution/Company	Position	Dates
	Name: MARYLAND MED. LABORATORY Street: 1901 Sulphur Spring Road, Box 18290 City/State/Country: Baltimore MD 21227	Phlebotomist	1992

12 BIRTHDATE/ BIRTHPLACE:	Day/Month/Year:	Location:
	17-4-67	ILE-IFE, OSHUN, NIGERIA

13 SEX:	Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	14 NATIVE LANGUAGE:
		YORUBA

15 CITIZENSHIP:	(Complete all three)
	A. AT BIRTH <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN 056
	B. UPON ENTERING MEDICAL SCHOOL <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN
	C. NOW <input type="checkbox"/> USA <input type="checkbox"/> Other <input type="checkbox"/> (Specify) NIGERIAN



**PART C**

Students and graduates must sign the application in the presence of their Med. School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature of official must cover a portion of the attached photograph.

**16 CERTIFICATION BY APPLICANT**

I hereby certify that the information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the ECFMG Information Booklet for FMGEMS and am aware of its contents.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

(Must be completed in English)

Signature of Applicant X *Gerase* *W*

A. I hereby certify that the photograph, signature, and information entered on this form accurately apply to the individual named above.

X \_\_\_\_\_  
Signature of Medical School Official

**16.1 CERTIFICATION BY MEDICAL SCHOOL OFFICIAL**

OR

NOTARIZATION WITH EXPLANATION (Pertains to graduates only)

Official Title Date Institution

B. Subscribed and sworn to before me this 31 day of March, 19 92

*Linda R. Kistner* *Notary Public*  
Signature of Consular Official, First Class Magistrate, Notary Public Official Title

B.1 Explain below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

338/I/D  
4/1/92

RECEIVED

APR -6 1992

ECFMG

NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires September 2, 1994

4829700

17 Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes

☐ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

ECFMG-000157

ECFMG\_RUSS\_0000157

TO BE USED AS CONTINUATION OF SECTION 9.1 IN PART B

W /

11/22/21  
11/22/21

ECFMG-000158

ECFMG\_RUSS\_0000158

PLEASE DO NOT DETACH



## STEP 1 AND/OR STEP 2 EXAMINATIONS

ADMINISTERED TO STUDENTS/GRADUATES OF FOREIGN MEDICAL SCHOOLS  
 THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES, 3624 MARKET STREET, PHILADELPHIA  
 PHONE: 215 386-5900 CABLE: EDCOUNCIL, PHA

## PART A

NOTE: All items on all sides of the application must be filled out completely for initial and repeat examination.  
 Use typewriter or block print in ink.

<b>① ECFMG EXAMINATION HISTORY:</b>	Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG? <input type="checkbox"/> Yes If yes, place your USMLE Identification Number (ECFMG Applicant Number) in this box:																	
<b>② NAME:</b> Print your name as you want it to appear on the Standard ECFMG Certificate and on your official USMLE record	<table border="1"> <tr> <td>IGIBERASE</td> <td>OLUWA FEMI</td> </tr> <tr> <td>First Name</td> <td>Middle Name</td> </tr> <tr> <td>CHARLES</td> <td></td> </tr> <tr> <td>Last Name (Surname)</td> <td></td> </tr> <tr> <td colspan="2">Full Maiden Name (For married women only)</td> </tr> </table>		IGIBERASE	OLUWA FEMI	First Name	Middle Name	CHARLES		Last Name (Surname)		Full Maiden Name (For married women only)							
IGIBERASE	OLUWA FEMI																	
First Name	Middle Name																	
CHARLES																		
Last Name (Surname)																		
Full Maiden Name (For married women only)																		
<b>②.1</b> If you have previously applied to ECFMG under another name, provide that name	Previous Name: N/A Please include a copy of the legal document that verifies this name change.																	
<b>③ ADDRESS:</b> Use address to which admission permit and other notification from ECFMG should be sent	<table border="1"> <tr> <td colspan="2">Number/Street</td> </tr> <tr> <td>Apartment Number</td> <td>Post Office Box Number</td> </tr> <tr> <td>HIYATTSVILLE</td> <td>1653</td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>MD</td> <td>20788</td> </tr> <tr> <td>State/Country</td> <td>Zip or Postal Code</td> </tr> </table>		Number/Street		Apartment Number	Post Office Box Number	HIYATTSVILLE	1653	City		MD	20788	State/Country	Zip or Postal Code				
Number/Street																		
Apartment Number	Post Office Box Number																	
HIYATTSVILLE	1653																	
City																		
MD	20788																	
State/Country	Zip or Postal Code																	
<b>④ U. S. SOCIAL SECURITY AND/OR CANADIAN SOCIAL INSURANCE NUMBERS:</b>	Enter numbers in boxes provided <table border="1"> <tr> <td>U.S. Social Security Number</td> <td>Canadian Social Insurance Number</td> </tr> </table>		U.S. Social Security Number	Canadian Social Insurance Number														
U.S. Social Security Number	Canadian Social Insurance Number																	
<b>⑤ REGISTRATION:</b> Check <input checked="" type="checkbox"/> box(es) of selected examinations	<table border="1"> <tr> <td>Step 1</td> <td>June 8 - 9, 1994 <input type="checkbox"/> or September 22 - 23, 1994 <input checked="" type="checkbox"/></td> </tr> <tr> <td>Step 2</td> <td>March 30 - 31, 1994 <input type="checkbox"/> or August 31 - September 1, 1994 <input checked="" type="checkbox"/></td> </tr> <tr> <td>ECFMG English Test</td> <td>March 31, 1994 <input type="checkbox"/> or September 1, 1994 <input checked="" type="checkbox"/></td> </tr> </table>		Step 1	June 8 - 9, 1994 <input type="checkbox"/> or September 22 - 23, 1994 <input checked="" type="checkbox"/>	Step 2	March 30 - 31, 1994 <input type="checkbox"/> or August 31 - September 1, 1994 <input checked="" type="checkbox"/>	ECFMG English Test	March 31, 1994 <input type="checkbox"/> or September 1, 1994 <input checked="" type="checkbox"/>										
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ECFMG English Test	March 31, 1994 <input type="checkbox"/> or September 1, 1994 <input checked="" type="checkbox"/>																	
<b>⑤.1 TEST CENTER:</b> Select three ECFMG centers for each Step and/or ECFMG English Test. See the Information Booklet in which this application was enclosed for a list of ECFMG centers	If your center selections are not available, ECFMG reserves the right to assign a center. <table border="1"> <tr> <td>Step 1:</td> <td>(1) Richmond 182</td> <td>(2) Baltimore 300</td> <td>(3)</td> </tr> <tr> <td></td> <td>City Center No.</td> <td>City Center No.</td> <td>City Center No.</td> </tr> <tr> <td>Step 2 and/or ECFMG English Test:</td> <td>(1) Richmond 182</td> <td>(2) Baltimore 300</td> <td>(3)</td> </tr> <tr> <td></td> <td>City Center No.</td> <td>City Center No.</td> <td>City Center No.</td> </tr> </table>		Step 1:	(1) Richmond 182	(2) Baltimore 300	(3)		City Center No.	City Center No.	City Center No.	Step 2 and/or ECFMG English Test:	(1) Richmond 182	(2) Baltimore 300	(3)		City Center No.	City Center No.	City Center No.
Step 1:	(1) Richmond 182	(2) Baltimore 300	(3)															
	City Center No.	City Center No.	City Center No.															
Step 2 and/or ECFMG English Test:	(1) Richmond 182	(2) Baltimore 300	(3)															
	City Center No.	City Center No.	City Center No.															
<b>⑥ EXAMINATION FEE(S):</b> Enter the amount enclosed on the line provided	Fees must be paid in United States funds. Checks, bank drafts or money orders are to be made payable to the ECFMG. Do not send cash. <table border="1"> <tr> <td>Step 1 Basic Medical Science Examination</td> <td>\$400</td> </tr> <tr> <td>Step 2 Clinical Science Examination</td> <td>\$400</td> </tr> <tr> <td>ECFMG English Test</td> <td>\$ 30</td> </tr> </table> Enter amount enclosed \$ _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">           FOR OFFICE USE ONLY         </div>		Step 1 Basic Medical Science Examination	\$400	Step 2 Clinical Science Examination	\$400	ECFMG English Test	\$ 30										
Step 1 Basic Medical Science Examination	\$400																	
Step 2 Clinical Science Examination	\$400																	
ECFMG English Test	\$ 30																	
<b>⑦ HANDEDNESS:</b>	<input checked="" type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed																	

APPLICATION FORM 104B, August, 1993

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FOR OFFICE USE ONLY

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ECFMG-000151

ECFMG\_RUSS\_0000151



## PART B

⑧ SECONDARY SCHOOL COLLEGE/ UNIVERSITY:	Schools Attended	Location (exact address)	Dates Attended		No. School Years
	Immaculate Conception College	Benin City, Nigeria	From MO. YR. 06 74	To MO. YR. 06 79	
⑨ MEDICAL SCHOOL: Use precise name and list all schools attended 690-010	Schools Attended	Location (exact address)	Dates Attended		No. School Years
	University of Ibadan	Ibadan, Nigeria	From MO. YR. 06 82	To MO. YR. 06 87	
⑨① CLINICAL CLERKSHIPS: Refers to that period of medical education in the clinical disciplines during which as a medical student you gained practical experience in hospitals or clinics. List clerkships (rotations, pre-graduate internships) for each clinical discipline.	Clinical Discipline	Hospital/Clinic	Location (exact address)	Supervising Physician	Dates of Clerkship
	MEDICINE	SPECIALIST HOSP.	BENIN CITY	DR. Oshuruk	1988
	SURGERY			DR. Idiakhon	1988
	OB GYN			DR. Iyindor	1988
	PEDIATRICS			DR. ASEMOTA	1987
If additional lines are necessary use the reverse side of Part C.					
⑨② MEDICAL DEGREE: Conferred or Expected	Title of Degree MBBS		Date Conferred:/Expected: 06 87		
* If the degree has been conferred, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet.					
⑩ MEDICAL LICENSURE: Present or Future	Date you received (or expect to receive) an unrestricted license or certificate of full registration to practice medicine: 1988				
Country or state in which you are licensed: NIGERIA					
* If the license has been issued, a photocopy should be sent to ECFMG. See Medical Education Credentials Section of the ECFMG Information Booklet.					
⑪ HOSPITAL TRAINING: Residency or fellowship	Hospitals		Position(s)		Dates
	N/A				
⑫ EMPLOYMENT: Present employment only	Institution/Company		Position		Dates
	N/A				
⑬ BIRTHDATE/ BIRTHPLACE:	Day 07 Month 04 Year 61 Location: 11E IFE OYO NIGERIA				
⑭ GENDER:	Please check one: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				
⑮ CITIZENSHIP:	⑮ NATIVE LANGUAGE: YORUBA				
⑮ OTHER EXAMINATION HISTORY AND APPLICANT NUMBERS: Indicate the organizations to which you may have applied previously; enter the date of the most recent examination that was administered to you by that organization as	(Complete all three)				
	A. AT BIRTH	USA <input type="checkbox"/>	Other <input checked="" type="checkbox"/> (Specify)	NIGERIAN 056	
	B. UPON ENTERING MEDICAL SCHOOL	USA <input type="checkbox"/>	Other <input checked="" type="checkbox"/> (Specify)	NIGERIAN	
	C. NOW	USA <input type="checkbox"/>	Other <input checked="" type="checkbox"/> (Specify)	NIGERIAN	
⑮ ORGANIZATION	DATE OF MOST RECENT EXAMINATION TAKEN		APPLICANT IDENTIFICATION NUMBER		
	<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	MO. YR.			
<input type="checkbox"/> STATE LICENSING AUTHORITY IN THE UNITED STATES	MO. YR.				

Students and graduates must sign the application in the presence of their medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See R 1 below.)



NUMBER:  
Indicate the organizations  
to which you may have  
applied previously; enter  
the date of the most  
recent examination that  
was administered to you  
by that organization as

MO.

VR.

☐ STATE LICENSING AUTHORITY  
IN THE UNITED STATES

☐☐☐

Students and graduates must sign the application in the presence of their Medical School Dean, Medical School Vice Dean, or Medical School Registrar. (See A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See B.1 below.)

Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature.

All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.



Seal, stamp or signature  
of official must cover a  
portion of the attached  
photograph.

18 CERTIFICATION  
BY APPLICANT

(Must be completed  
in English)

I hereby certify that the information in this application is true and accurate to the best of my knowledge and that the photographs enclosed are recent photographs of me.

I also certify and acknowledge that I have received the current edition of the Information Booklet on USMLE Step 1 and Step 2 examinations and ECFMG Certification, am aware of its contents and meet the eligibility requirements set therein.

I understand that (1) falsification of this application, or (2) the submission of any falsified educational documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action.

I understand that the ECFMG certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any Federal, State, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

Signature of Applicant  
(In Latin Characters)

*Charles Eberard Obiemi*

Date *03/26/94*

A. I hereby certify that the photograph, signature, and information entered on Section 9 of this form accurately apply to the individual named above.

X

Signature of Medical School Official

Official Title

Date

Institution

B. Subscribed and sworn to before me this *26th* day of *March*, 19 *94*

X *Jack L. Katz*

**NOTARY PUBLIC STATE OF MARYLAND**

*My Commission Expires June 1, 1997*

Signature of Consular Official, First Class Magistrate, Notary Public

B.1 Explain in the space below why the application form could not be signed in the presence of your medical school dean, vice dean or registrar. Any explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG.

*Due to the fact that I reside in the United States as at time of filing this application*

319 1573

FOR OFFICE USE ONLY	
FORM	DATE
S.A.	
I.D.	
338	
339	
325	<input checked="" type="checkbox"/>

19 Have you ever been denied licensure or authority to practice medicine by any medical licensing or registering authority, or has any such license or authority to practice medicine ever been suspended or revoked?

☐ Yes

☒ No

If the answer to this question is "Yes," please explain fully on a separate sheet of paper, giving details such as date, location, charge, and action taken; and provide any supporting documents.

20 Provision of the following information is voluntary. The information will be used for research purposes only. You are encouraged to provide the information; however, the processing of your application will not be affected if you choose to leave item 20 blank.

Select the one which  
best describes your racial/  
ethnic background.

1 ☐ American Indian/  
Alaskan Native

2 ☐ Asian  
Pacific Islander

3 ☐ Hispanic

4 ☒ Black (not of  
Hispanic Origin)

5 ☐ White (not of  
Hispanic Origin)

6 ☐ Other

ECFMG-000153

ECFMG\_RUSS\_0000153



For Continuation of 6.1 Clinical Clerkships

Officer Name/ID#	Hospital/Clinic	Location (SWD, address)	Supervising Physician	Dates of Clerkship



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.  
TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

June 22, 1995

Dr. Charles Olufemi Igberase  
P.O. Box 1653  
Hyattsville, MD 20788

USMLE/ECFMG Identification No.  
0-482-700-2

COPY

Dear Doctor:

When you applied for admission to ECFMG's administrations of the September 1994 Step 1, August/September 1994 Step 2 and September 1994 ECFMG English test, you responded "No" to the question "Have you previously submitted an application to ECFMG to take one or more of the examinations administered by ECFMG." You also stated your name as "Igberase Oluwafemi Charles" and your date of birth as April 17, 1961. You certified that this information, as well as the other information on your application "is true and accurate to the best of my knowledge ..." and you swore to this in the presence of a Notary Public.

You were assigned USMLE/ECFMG Identification Number 0-519-573-0 and took the Step 1, Step 2 and ECFMG English test. You submitted copies of your medical education credentials, which were verified by ECFMG with an official of your medical school. A Standard ECFMG Certificate was subsequently issued to you under the name Igberase Oluwafemi Charles with the number 0-519-573-0.

A check of ECFMG records shows that, despite what you certified to on the application referred to above, you had applied for and taken examinations administered by ECFMG prior to your application for the 1994 examinations. You first applied to ECFMG for the July 1992 administration of FMGEMS and the ECFMG English test under the name "Oluwafemi Charles Igberase" and certified that your date of birth was April 17, 1962. You failed both the basic medical science (Day 1) and clinical science (Day 2) components of the July 1992 FMGEMS and passed the ECFMG English test.

You subsequently applied for and took the January 1993 administration of FMGEMS and the ECFMG English test, failing Day 1, but passing Day 2 and the English test. You then applied for and took the July 1993 administration of Day 1 of FMGEMS which you passed. Since, at that time, you had also met the medical education credential requirements for ECFMG certification, you were issued Standard ECFMG Certificate Number 0-482-700-2.

You also applied for and took the September 1992 and September 1993 administrations of Step 1, failing the September 1992 examination, but passing the examination held in September 1993.

Dr. Igberase Oluwafemi Charles  
June 22, 1995  
Page 2

When you applied to ECFMG, you certified on your application form that, among other items, "falsification of this application" and "engaging in ...conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to ...invalidate the results of my examination ...to revoke a certificate, or to take other appropriate action."

In addition, the policies regarding taking Step 1 and Step 2 of the USMLE as outlined in the ECFMG Information Booklet, which you certified you had read and understood, include the statement "If one Step is passed, applicants may not repeat that Step and will have seven years to pass the other Step." You, however, took and passed Step 1 in September 1993 and again in September 1994.

ECFMG is conducting an investigation of this matter. You must write to ECFMG immediately to explain why you certified on your application form that you had not previously applied for an ECFMG examination when, in fact you had, and also to explain why you repeated Step 1 when the policy states applicants who pass the Step may not repeat it. Your letter must be received by ECFMG within 15 days of your receipt of this letter.

Your explanation, together with the documents in your file, will be reviewed by the ECFMG Committee on Medical Education Credentials at a future meeting. After its review, the Committee will make a recommendation to the ECFMG Board of Trustees.

Your response must be sent to the following special address:

ECFMG  
P.O. Box 13467  
Philadelphia, PA 19101-3467

Sincerely yours,

William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck



Page one  
**RECEIVED**  
CREDENTIALS DEPT

JUL 20 1995

USMLE / ECFMG # 0-482-700-2

**ECFMG**

July 14<sup>th</sup> 1995

P.O. Box 1653

Hyattsville md 20788

Mr William C. Kelly  
Manager, Medical Education  
Credential processing  
ECFMG

Dear Sir

I hereby with the following explanations explain the reasons for my repeating the ECFMG examinations.

When I came into the US, I was very hard up financially, no good books and I was very emotionally troubled.

It was at this same period I was attempting the ECFMG examinations.

I had a very difficult time passing these tests as you can see in my records.

I finally managed to pass, but of all the over 150 residency applications that I sent to various institutions no Hospital considered my results and the number of attempts competitive enough.

I tried again one year later and it

Page two

Came down to the same result.

This again gave me a lot of depression especially since my family were still in Nigeria and I had no means of looking after them.

As a result of these, I explained to my friends who felt I should take the tests over again to improve on my scores despite my difficult position.

They suggested that since I had already been issued one ECFMG Certificate, I could not possibly use that same number again to sit for new tests.

For this reasons, I LIED that I had not taken the test before when I was filling out the forms.

I did not deliberately change my date of birth (DOB) on the forms.

The initial mistake was made by my school when they recorded my DOB as 04/17/61.

I wrote a letter to inform them about the mistake and that my actual DOB was 04/17/62.

As at the time I was filling out

Page Three

the latest form, I had not received back from my school a reply for the change.

I did not realise at this time that the previous form I filled had my corrected DOB on it. So, I used my DOB that was in my school file since I had not received a change from my school. I attached here-with a photocopy of my Birth Certificate.

I am willing to pay for the verification of the 04/17/61 DOB with my school and the fact that I have written a letter to them for a change/correction at the same period that I filled out the first ECFMG application forms.

As for the arrangement of my name. This is an on-going feud among the family members.

It usually depended on who registers me for what examinations - my father, my mother or my uncle.

This accounts for the variations



Page Four

as represented in my Birth Certificate, medical School Certificate, Permanent medical Council Certificate and my first Leaving School certificate.

The name is actually a Compound Last name IGBERASE-CHARLES.

I have decided for future records to use the name as it appears on my Birth Certificate and passport (Nigerian Passport)

i.e. IGBERASE OLUWAFEMI CHARLES. I always thought that so long as all the names were represented, there was no problems.

Having said all these, I must say how deeply sorry and remorseful I am for allowing myself to be involved in such a despicable act of shame.

I took this step out of pain and anguish and as a desperate move to helping my family — I am the breadwinner of both my immediate and extended family, my parents are very aged and my children are very very young.

Page five

I therefore plead fervently with  
the committee members who are  
going to review my case to ~~be~~  
temper justice with mercy  
God bless you all.

Sincerely

Igberase Oluwafemi Charles  
0-519-573-0

RECEIVED  
JUL 11 2021

ECFMG



*[Signature]*  
Executive Officer  
IFE CENTRAL LOCAL  
GOVERNMENT, IFE  
15th Sept 1973



A01948

OSUN STATE OF NIGERIA.

## CERTIFICATE OF REGISTRATION OF BIRTH

I, Mrs. Ibere Fatusase Registrar

of Births in Ife Central Local Government

in Ife-Ife Division of Osun State

of Nigeria do hereby certify that I have this 14<sup>th</sup> day

of September, 1993 registered, in folio

number 01-8 of Birth Register

The birth of Iybere Oluwalan Charles

Male / ~~Female~~, born at Ife-Ife

on 12<sup>th</sup> day of April, 1962

the child of Mr. Iybere David

(Father's Name)

and Mrs. Iybere Foyeke both

(Mother's Name)

Ife-Ife

14/9, 1993

*[Signature]*  
Signature of Registrar



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.

TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

Via Certified Mail  
Return Receipt Requested

December 7, 1995

COPY

Dr. Igberase Oluwafemi Charles  
P.O. Box 1653  
Hyattsville, MD 20788

USMLE/ECFMG Identification No.  
0-482-700-2

Dear Doctor:

On November 27, 1995 the ECFMG Committee on Medical Education Credentials met to review the matter with respect to your falsification of an application form submitted to ECFMG. The Committee reviewed the documentation available, including your July 14, 1995 letter.

Following review the Committee took the following actions:

1. To invalidate the Standard ECFMG Certificate issued to you under the second identification number 0-519-573-0;
2. To inform the United States Medical Licensing Examination (USMLE) Committee on Irregular Behavior of this matter for its information and possible action; and
3. To revoke the Standard ECFMG Certificate issued to you under the first identification number 0-482-700-2.

Please return the two Standard ECFMG Certificates to my attention immediately. I suggest you send them by certified mail.

Enclosed is a copy of the ECFMG Rules of Appellate Procedure.

Sincerely yours,

William C. Kelly  
Manager, Medical Education  
Credential Processing

/wck  
Enclosure

ECFMG-000167

ECFMG\_RUSS\_0000167